## PART B - FEE(S) TRANSMITTAL

## Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

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Thereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2855, on the date indicated below.

(Depositor's name) (Signature (Date

	APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
	10/783,034	02/23/2004	Rudy Jan Maria Pellens	081468-0308407	3791	
TITLE OF INVENTION: DEVICE MANUFACTURING METHOD AND SUBSTRATE COMPRISING MULTIPLE RESIST LAYERS						

TOTAL FEE(S) DUE DATE DIE APPLN, TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE NΩ \$1510 \$300 SO \$1810 02/24/2011 nonprovisional EXAMINER ADTIMIT CLASS-STIRCLASS OUINTO, KEVIN V 2826 438-182000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). For printing on the patent front page, list Pillsbury Winthrop (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 2 Shaw Pittman LT.P (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47: Rev 03-02, or more recent) attached. Use of a Customer listed, no name will be printed. Number is required.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ASML NETHERLANDS B.V.

VELDHOVEN, THE NETHERLANDS

Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🚨 Government

4b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted: Issue Fee A check is enclosed.

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5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if equired) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party interest as shown by the records of the United States Pajeqt and Trademark Office.

Date January 18, 2011 Authorized Signature Christophe F. 54,248

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